

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 549205

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8					1	
9						
10						
11						
12						
13						
14						
15						
16	1		1			
17						
18						
19						
20						
21						
22						
23						
24					1	
25						
26						
27						
28						
29						
30						
31						
32						
33						
34	1					
35						
36						
37			1			
38						
39						
40						
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓	12	↓
TOTAL DEP.		←		←	0	←
TOTAL CLAIMS					12	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54			1			
55						
56						
57						
58						
59						
60						
61						
62						
63						
64	1					
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80			1			
81						
82						
83						
84						
85						
86						
87						
88						
89						
90	1					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						